



Territorial Dialogues



Bulletin for humanitarian organizations

Second edition | 22/03/2022

On this edition

- Exploratory analysis of two rumors found in social media during the last 15 days.
- Relevance of these rumors in the current context of the pandemic.
- Resources and recommendations for strengthening Information Ecosystems in communities.

This is Rooted in Trust 2.0

[Internews' Rooted in Trust 2.0](#), is responsible for identifying, collecting, analyzing and responding to rumors in 10 countries around the world, with support from USAID's Bureau for Humanitarian Affairs (BHA). We focus on providing journalists and humanitarian communicators with the necessary tools, in their preferred languages, to respond to rumors and misinformation in the context of the COVID-19 crisis.

For more information about the project or access to our content repository, please visit our website at internews.org

If you would like to give us your feedback on this newsletter and/or the "Rooted in Trust 2.0" project, please feel free to write to us at jsandovalvasco@internews.org. We would very much like to know your opinion in order to adjust future content pieces.

[Help us by answering this questionnaire](#)

Key words

• Abortion		6
• Death		4
• Fourth dose		2
• Petro		2
• Plandemic		5
• Vaccine		18
• War in Ukraine		2

45 Total Rumors

Information retrieved between February 10 and March 1

Risk: 23 medium risk, 22 low risk.

Social media platforms where the information was collected

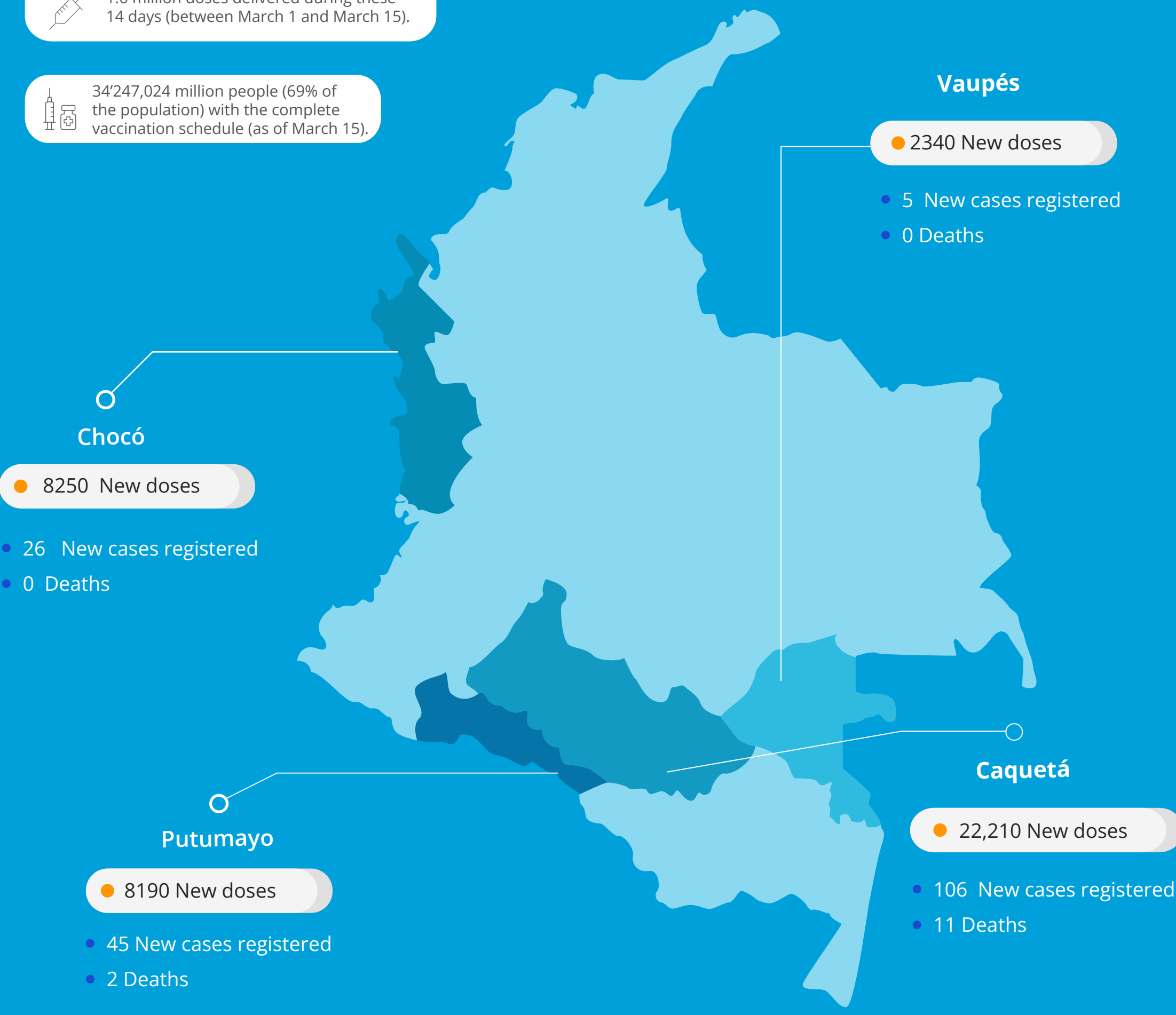


	Followers	Likes
8 post	57.050	11
8 messages	8.908	
29 tweets	49.649	302

COVID-19 data

1.6 million doses delivered during these 14 days (between March 1 and March 15).

34'247,024 million people (69% of the population) with the complete vaccination schedule (as of March 15).



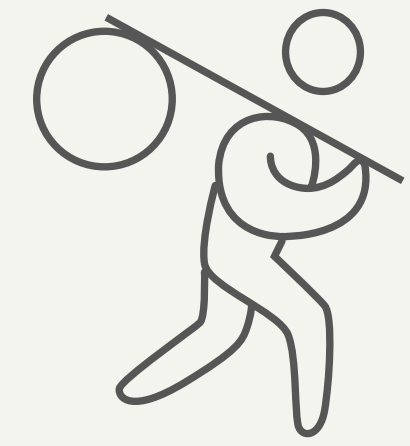
Data on new doses administered (as of March 16, 2022), deaths due to COVID-19 and new cases registered (as of March 15, 2022) provided by the Colombian Ministry of Health.

Events impacting information ecosystems

Violence by illegal armed groups has permeated local social dynamics in terms of security, access to health services, land mobilization, freedom of expression/communication and political positions.

This scenario poses a great risk to democracy during the upcoming elections on March 13 and May 25. According to the Electoral Observation Mission (MOE), 131 municipalities are at risk due to violence and electoral fraud and according to the most recent report of the Integral System for Peace (SIP), in 12 zones of the country -among which are Caguán (in Caquetá) and lower Putumayo- the presence and warlike actions of illegal armed groups have intensified.

Likewise, a complex social and security situation in the Colombian Pacific region has been exacerbated in recent weeks, with several regrettable events such as the following:



01. The forced internal displacement of at least 963 families (approximately 2,704 people) in Buenaventura.
02. The internal displacement of at least 39 communities in Istmina and Sipí, by members of the ELN (an illegal armed group investigated for the systematic recruitment of minors in several other departments of the country).
03. The announcement of an armed strike by this same illegal armed group and the dissemination of threatening pamphlets.

Tendencies

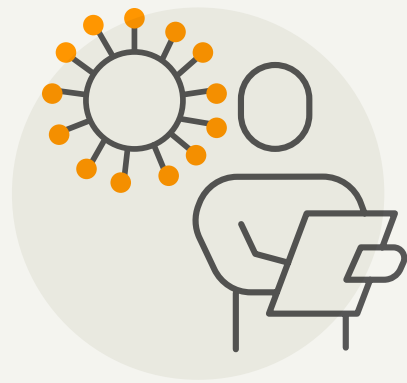
Death and adverse effects of vaccines

“Pfizer has already started releasing the data and the list of fatal adverse reactions. This is frankly stunning. The Pfizer data submitted to the FDA contains 8 PAGES of known side effects!!!There are more side effects than there are people in this world!”

“Just deaths from cardiovascular causes alone after this pseudovaccines. 10 times more deaths than from Covid-19. Covid-19 vaccines are expected to cause 62.3 million cardiovascular deaths by 2022 worldwide.”



Fact-checking



[PolitiFact](#), [Verificat y BBC](#), have found that both the alleged “side effects published by the FDA” and the

“62.3 million coronary deaths in 2022” due to COVID-19 vaccines are a misinterpretation of the studies referenced in these publications.

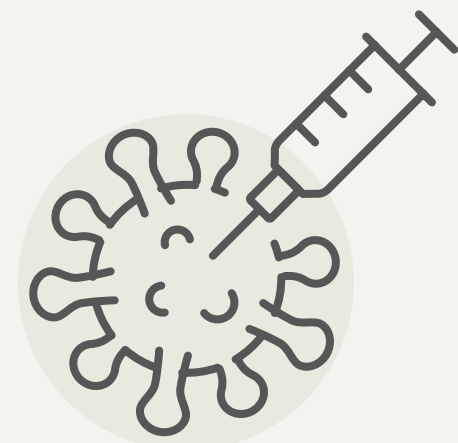
1.



In the first case, the rumor refers to an [FDA power point presentation](#) issued on October 2020, which was created for the purpose of listing 22 potential adverse outcomes - not known at the time - of COVID-19 vaccines, which the agency would monitor in the coming months. However, as clarified by an FDA spokesperson, the effects indicated in this document have not been proven as a direct cause of the COVID-19 vaccines and, although the authority lists a series of adverse events that it considers could occur with a vaccine, in no way has it been stated that these are side effects that have already been recorded as these publications on social networks have tried to make it appear.

2.

Regarding the second rumor, it could be verified that [the report](#) claiming that vaccines double the risk of acute coronary syndrome in 5 years has already been rectified by its author, as it contains both methodological and content deficiencies. Therefore, the percentage (and the inferences that have subsequently been made) cannot be considered valid.



What is behind these rumors?



The main cause of these rumors are the lack of knowledge of what is behind the science of vaccines, followed by the hyper-specialized and technical communication used by governments and pharmaceutical companies to talk about vaccines.



In this sense, institutions such as the [Vaccine Adverse Event Reporting System \(VAERS\)](#) and the [Centers for Disease Control and Prevention \(CDC\)](#) in the U.S. have reported that of the 300 million doses of Pfizer and Moderna -administered between December 2020 and June 2021- only

- 0.11% of individuals manifested side effects
- of which 92% reported that these were mild (among these, the most common were headaches, fatigue, fever and chills).

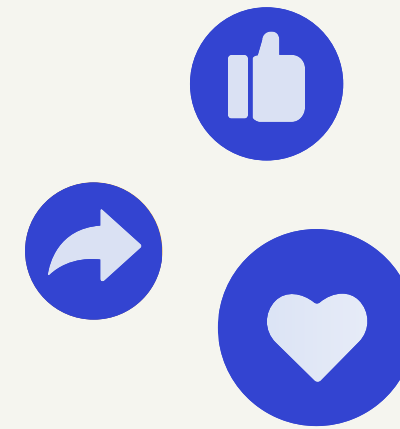


Likewise, a [cientific paper](#) that evaluated the figures provided by VAERS and CDC indicated that only 22,000 serious events were recorded (i.e. 0.007% of the total number of cases). Among these, the most common was shortness of breath and, very infrequently, myocarditis (a form of inflammation of the heart). Finally, between December 2020 and June 2021, there were approximately 4,500 post-vaccine (but not vaccine-associated) deaths, more than 80% of these among people aged 60+ years.



Nevertheless, there has been a lack of pedagogical effort to talk about the trials and explain how the studies work, as well as clarifying the data and figures to the public. Although medical authorities have been transparent about the data, it's not enough to provide this information but to also share it in an understandable relatable manner.

Why has this gone viral?



- 01. Social Networks**

Although these have been key to coordinate communication efforts against COVID-19 during the pandemic, they are also an ideal space for the dissemination of content pieces that stimulate the general public's distrust of vaccines.
- 02. Conspiracy theories**

These arouse the audience's interest by proposing a dominant narrative that does not tell the truth, based on alleged authorities and/or scientific studies that turn out to be false or misinterpreted information.
- 03. Distrust**

In countries such as Colombia there are gaps in access to health services and non-conformity regarding their quality. This has historically generated a perception of distrust towards the entities providing these services, as well as towards the National Government and its institutions. In this context, the narratives about the harmful effects of the vaccine reinforce the belief that the public supply should not be trusted and fuel nonconformity with these entities.
- 04. Communication gaps**

Authorities and representatives of health institutions, as well as the scientific and academic community, often use hyper-specialized and technical language, which is difficult for the general public to understand.

An example of these four factors in the Colombian case has to do with complementary publications to the two proposed rumors, among which stand out

- the videos of people presenting tremors and convulsions -allegedly- as a consequence of having received a vaccine against COVID-19
- The publications with alleged statements by the FDA indicating that they were deceived by the pharmaceutical companies, rushing to approve their vaccines against COVID-19 without having been informed of all the adverse symptoms, including death.

Even though national authorities and verification portals such as PolitiFact have found that it is unknown whether the videos circulating on social media with people having seizures and convulsion episodes as a byproduct of having received a COVID-19 vaccine and, people continue to share this type of content widely.

Although international entities such as the FDA have vehemently denied these alleged claims, stating that Pfizer's vaccine was indeed approved on August 23, 2020, under the name Comirnaty, such statements are often not communicated through channels accessible to the public, nor do they use simple and understandable language that allows them to be effectively understood.

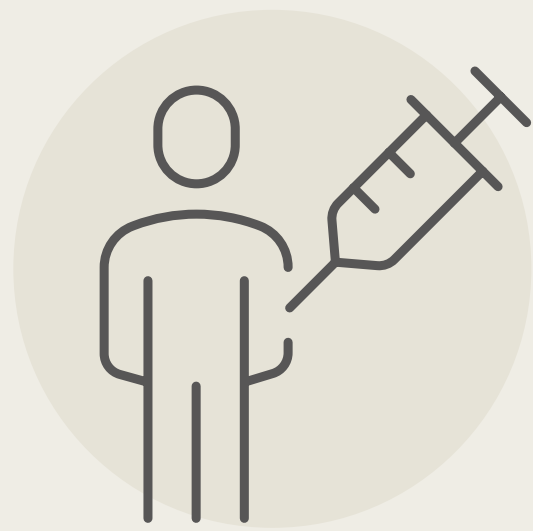
Why are these rumors relevant?

- 01.** They reveal an underlying problem: despite the high vaccination rates in Colombia, there is skepticism and ignorance among the public about COVID-19 vaccines, as well as about the components and mechanisms of action.
- 02.** Concerns stimulate the creation and propagation of erroneous content and misinformation around questions such as:
 - How could a vaccine against COVID-19 be produced so quickly, if this process usually takes many years?
 - What unregistered side effects can the vaccines have, considering that scientists did not have much time to test them before they began to be administered?


In this regard, as different [articles](#) explain, hundreds of scientists had been working on similar coronavirus vaccines for decades and, additionally, funding agencies poured billions of dollars into COVID-19 vaccine research.




What consequences could these rumors have?



According to MIT's [COVID-19 Beliefs, Behaviors & Norms Survey](#), when the COVID-19 vaccines arrived in Colombia -between February and March 2021-

 **7** out of ten citizens accepted their application.

However, one year later, almost one third of Colombians have not yet completed their vaccination schedule and almost

 **20%** have not yet received their first dose.



In this regard, a recent [survey](#) indicates that this behavior responds to the distrust about vaccines and their possible side effects, **fed by rumors and misinformation circulating in social networks and word of mouth**. Faced with this, entities such as [CAF](#) have proposed that (...) vaccination campaigns would strongly benefit if policies to guarantee vaccine supply follow strategies that raise awareness among the population about the benefits of the vaccine, particularly among those who still doubt about its safety and effectiveness, and that facilitate the intentions to get vaccinated (...).



These rumors have the potential to create distrust of the COVID-19 vaccine within communities or audiences:

Questioning their safety, using misinterpretations of academic studies and institutional documents (such as the FDA submission mentioned above) to validate a false narrative around alleged side or adverse effects of COVID-19 vaccines, including death. Misinformation or misinformation, unfounded rumors and conspiracy theories spread quickly through the digital ecosystem fueling doubts about vaccines, something that can generate concern or rejection towards an intervention that seeks to save lives.

This is notable in the GreenMedInfo [article](#) that initially gave rise to this wave of uninformed posts, stating that "the FDA knows that hastily marketed COVID-19 vaccines can cause a wide range of potentially fatal side effects, including death.



Questioning its effectiveness, calling it a pseudo vaccine to invalidate its ability to achieve the expected effect with its application and stating that COVID-19 vaccines cannot be called as such, because they were made in less than half the time of what is normally done and with technologies that had never been used before, so it cannot be considered a real vaccine.

In this regard, different medical authorities such as Dr. [Zarante](#) of the Institute of Human Genetics of the Javeriana University, state that (...) this technology of introducing genetic information in patients, although it is new for making vaccines, has been used since the beginning of the 90's with incredibly positive and safe results (...). As for side effects, he concludes that "all reports of side effects or deaths should generate confidence in us that they are constantly being evaluated and are a normal process in the development of these technologies."



Recommendations

It is necessary to conduct the dialogue on COVID-19 vaccines by identifying and addressing symbolic elements that may lead people to believe in them and actively disseminate them, generating vicious circles of misinformation that affect local information ecosystems. Therefore, in the case of this rumor it is advisable to:

01.

Address people's fears and apprehension about possible side effects about which they have read or heard something, presenting information about which of these have been proven by scientific studies and in what proportion. For this, it is essential to always use simple language, so that figures, data and symbols make sense in the reality of the communities.

02.

Develop pieces of information that break down in a simple and practical way topics such as the composition and mechanisms of COVID-19 vaccines, how they were approved and subjected to tests or clinical trials, among other relevant aspects that can respond to information gaps identified from the dialogue with the communities.

03.

Present updated data on the positive effects of vaccines as opposed to the side effects reported, indicating, for example, that the risk of death in people **increases between 4 and 9 times** when not vaccinated against COVID-19.

04.

Stimulate the relationship and dialogue between communities and members of the health sector for the timely resolution of doubts, fears and access barriers regarding COVID-19 and public health, through communication channels mediated by trust that:

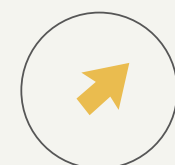
a.) Allow communities to express their concerns and needs to the competent authorities.

b.) Expedite the process so that communities have information to access health services

c.) Allow the different actors involved to validate their concerns regarding the pandemic or the vaccination schedule, in order to make informed decisions.

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